

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010590

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43Primary Registration District No. 3007Registrar's No. 1453

STATE FILE NUMBER

1. PLACE OF DEATH **FILED APR 1 1963**

a. COUNTY

Butlerb. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN POPLAR BLUFF

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Poplar Bluff Hosp.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Butlerc. CITY  
OR TOWNRFD Braseley

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Steve

Middle

Bethoon

Last

4. DATE  
OF DEATH

Month

3

Day

8

Year

63

5. SEX

F

6. COLOR OR RACE

N7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-5-1895

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

SHAMMIE BETHOON

13b. MOTHER'S MAIDEN NAME

ALICE REED

14. NAME OF HUSBAND OR WIFE

WILLIE BETHOON15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

WILLIE BETHOON BRASELEY, JR.

Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Tuberc. Pneumonia, ConsolidatedINTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-7-1963to 3-8-1963

and last saw him alive on

3-8-1963

Death occurred at

11:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or wife)

22b. ADDRESS

215 Oak St  
Poplar Bluff, Mo

22c. DATE SIGNED

3-13-6323a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

3-12-64

23c. NAME OF CEMETERY OR CREMATORY

Morocco Cem

23d. LOCATION (City, town, or county)

Poplar Bluff

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

LEE - Peoples Funeral Home P.O. Box

25. DATE RECD. BY LOCAL REG.

3/29/1963

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/590128312034 35 167 -8 29 790X101112 4-013 1-0

APR 9 1963

5129  
5129

3  
1

2

5-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Willie R. Jones

Licensed Embalmer No. 5129

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.